



Building Permit Submittal Form

Building Division

Effective: January 1, 2008
Revised: January 4, 2010

DATE: _____			
PROJECT ADDRESS: _____			
APN: _____	Subd# _____	Lot# _____	Permit# _____
<input type="checkbox"/> Building <input type="checkbox"/> Electrical* <input type="checkbox"/> Plumbing** <input type="checkbox"/> Mechanical*** <input type="checkbox"/> Pool/Spa <input type="checkbox"/> Sign <input type="checkbox"/> Demolition <input type="checkbox"/> Other			
PROJECT DESCRIPTION: _____ _____			
PROJECT VALUATION: [\$ _____]			
Residential		Non-Residential	
New SFD <input type="checkbox"/> attached <input type="checkbox"/> detached Living _____ sq ft Garage _____ sq ft Porch _____ sq ft Fence _____ sq ft		<input type="checkbox"/> New Multifamily (Apartment) _____ Carport(s) _____ sq ft _____ sq ft	
Attached Structure : _____ sq ft Detached Structure: _____ sq ft		New <input type="checkbox"/> Comm <input type="checkbox"/> Office <input type="checkbox"/> Indust _____ sq ft Addition: _____ sq ft Tenant Improvement _____ sq ft _____ Construction Type _____ Occupancy Group _____ Occupancy Load _____	
*Electrical <input type="checkbox"/> New Construction _____ _____ _____		**Plumbing <input type="checkbox"/> New Construction _____ _____ _____	
***Mechanical <input type="checkbox"/> New Construction _____ _____ _____			
APPLICANT (<input type="checkbox"/> <u>Property Owner</u> or <input type="checkbox"/> <u>Contractor</u>)			
PROPERTY OWNER'S NAME: _____			
Address: _____ City/State/Zip _____			
Telephone# _____ Fax# _____ Email: _____			
CONTRACTOR'S NAME: _____ Contractor Lic# _____			
Address: _____ City/State/Zip _____			
Telephone# _____ Fax# _____ Email: _____			
City of Brentwood Business Tax Cert.# _____			
Contact Name/Agent: _____ Tele#: _____ Email: _____			
<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Designer Name: _____ Lic./Registration# _____ Company Name: _____ Address: _____ City/State/Zip _____ Telephone# _____ E-mail: _____			